Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170001215813)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-5383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (512)418-6949 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

Foreign Limited Liability Company STORESMART SPRING HILL 1, LLC

Certificate of Status	Ü
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

K. SALY

MAY - 4 2017

COVER LETTER

	Registration Section Division of Corporation	15				
erm me	StoreSmart Spring I	in i, llc				
SUBJEC		Name of	Limited Liability	Сотряпу		
The enclo Existence,	sed "Application by For , and check are submitte	eign Limited Liability Comp d to register the above refer	pany for Authoriza enced foreign limi	ntion to Tra ted liabilit	msact Business in Florida," Certificate of y company to transact business in Florida	
Please refi	urn all correspondence c	oncerning this matter to the	following:			
	Ruth A. Cordes	:				
Name of Person						
	DLA Piper LLP (US)					
Finn/Company						
	444 W. Lake St., Stc. 900					
Address						
	Chicago, IL 60606-0089					
City/State and Zip Code						
Tallen@Reliant-mg.nt.com						
E-mail address: (to be used for future annual report notification)						
For furthe	r information concerning	g this matter, please call:				
ī	Ruth A. Cordes		312 at (368-21		
•	Name o	f Contact Person	Area Code	Day	lime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
	is a check for the follow 3 \$125.00 Filing Fee	ing amount: Il \$130,00 Filing Fee & Certificate of Status	■ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS

IN COMPLIANCE WITH SECTION 605.0002. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: StoreSmart Spring Hill I, LLC (Name of Poreign Limited Liability Company; must include "Limited Liability Company," L.L.C.," or "LLC.") (If name unavailable, onter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") 2. Delaware (furisdiction under the law of which foreign limited liability company is organized) (FEI number, it applicable) upon qualification (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penulty liability) 421 Boundary Lane Carbondale, Colorado 81623 (Street Address of Principal Office) same as above (Mailing Address) 7. Name and street address of Fiorida registered agent; (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. James M. Halpin C T Copporation Sy <u> Assistant Secretary</u> ed agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: HSRE-StoreSmart V, LLC, sole Member, 421 Boundary Lane, Carbondale, CO 81623 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

By: Storage Partners-HSRE IV2, LLC, a Member Signature of an authorized person

, ţ

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

W. Bradford Sherman, Manager

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "STORESMART SPRING HILL 1, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE THIRD DAY OF MAY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

FILED 2011MAY -3 AM TO: 22 SECRETARSSEE, FLORIDA FALLAHASSEE, FLORIDA

6397316 8300 SR# 20173035192

You may verify this certificate online at corp.delaware.gov/authver.shtml

Serting W. Williams, Successory of State

Authentication: 202476719

Date: 05-03-17